

FINAL 05/06/93 (2:08pm)

(YELLOW)

Card 5

1993 AIR QUALITY STUDY

HOME PUMP SURVEY

Name: _____ Participant #: _____

**PLEASE ANSWER THESE QUESTIONS AS SOON
AS YOU TURN OFF THE HOME PUMP.**

1a. While at home did you wear the pump all the time except while bathing or sleeping?

Yes -1 → SKIP TO Q.2 (5)

No -2

1b. For approximately how much total time were you away from the pump?
(DO NOT INCLUDE TIME BATHING/SLEEPING.)

_____ hours _____ minutes (7-12)

1c. Can you please describe the time(s) when you didn't wear the pump?

1. _____ (11-12)

2. _____ (13-14)

3. _____ (15-16)

4. _____ (17-18)

2. Was the sampler head covered for any period of time?

(19)

Yes -1 → For how long?

_____ hrs _____ min (20-23)

No -2

CONTINUE →

3. Did anything happen to the sampler head or close by the sampler head that might have exaggerated its reading of the air? For instance, did anyone directly spray anything, or blow smoke into, or spill anything on or near the sampler head or pump you were wearing?

Yes -1 → EXPLAIN BELOW (24)

No -2

(25-26)

(27-28)

(29-30)

(31-32)

(33-34)

4. Did the sampler head (the part attached to collar near breathing zone) ever get turned past horizontal?

Yes -1 → EXPLAIN BELOW (35)

No -2

(36-37)

(38-39)

(40-41)

(42-43)

(44-45)

5. Did you or anyone around you do anything during the evening or morning that was very different from your usual activity?

Yes -1 → EXPLAIN BELOW (46)

No -2

(47-48)

(49-50)

(51-52)

(53-54)

(55-56)

6. Did you keep up with your home diary, filling it in hourly?

Yes, most or all -1 (57)

Yes, but not hourly -2

No, missing many periods -3

No, not at all -4

→ EXPLAIN BELOW

(58-59)

(60-61)

(62-63)

(64-65)

(66-67)

CONTINUE →

7. Had any of the clothes that you were wearing at home been dry cleaned within the past week or month?

Yes, in the past week -1
 Yes, in the past month ... -2
 No -3

(68)

8a. Does your home have an attached garage, basement or workshop?

Yes —————> Do you park any motor vehicles in these areas?

Yes -1 (69)

No -2

No -3

8b. (IF YOU HAVE A FURNACE...) Was the furnace running at any time while the pump was on?

Yes -1 (70)

No -2

9. Did you use or repair any of the following items while the pump was "ON"? (FOR EACH ITEM, CIRCLE EITHER "IN GARAGE/BASEMENT" or "ELSEWHERE" AND WRITE IN TIME USED. IF NOT USED, CIRCLE "-3" UNDER THE "NO" COLUMN.)

ITEM	YES, USED OR REPAIRED		NO, NOT USED	TIME USED	
	IN GARAGE OR BASEMENT	ELSE- WHERE			
Paint	(71) -1	-2	-3	From	To
Varnish	(72) -1	-2	-3	From	To
Paint Thinner	(73) -1	-2	-3	From	To
Turpentine	(74) -1	-2	-3	From	To
Glue, any type	(75) -1	-2	-3	From	To
Metal Crafts	(76) -1	-2	-3	From	To
Automobile	(77) -1	-2	-3	From	To
Lawn Mower	(78) -1	-2	-3	From	To
Chainsaw	(6) -1	-2	-3	From	To
Weed Trimmer	(7) -1	-2	-3	From	To
Kerosene space heater	(8) -1	-2	-3	From	To
Other gasoline or kerosene fueled device	(9) -1	-2	-3	From	To

79-0
80-5
CARD 6

79-0
80-5
CARD 7

CONTINUE —————>

10. Did you or anyone in your home use or open any chemicals, solvents, cleaning agents, or odorous material not previously mentioned? (If YES, LIST AND RECORD TIME.)

Yes -1 → LIST BELOW AND RECORD TIME (24)

No -2

ITEMS		TIME USED		
	(35-36)	FROM	TO	33-42
	(37-38)	FROM	TO	43-46
				47-50
				51-54

- 11a. Did you or anyone in your household engage in other activities that might generate odors?

Yes -1 → DESCRIBE BELOW AND RECORD TIME (55)

No -2

DESCRIPTION		TIME USED		
	(56-57)	FROM	TO	60-63
	(58-59)	FROM	TO	64-67
				68-71
				72-75

- 11b. Did you or anyone in your household engage in other activities that might generate dust, smoke, etc.?

Yes -1 → DESCRIBE BELOW AND RECORD TIME (76)

No -2

b. 77-78
79-0
80-7
CARD 8

DESCRIPTION		TIME USED		
	(6-7)	FROM	TO	10-13
	(8-9)	FROM	TO	14-17
				18-21
				22-25

12. Regardless of whether you used them while the pump was on, DO YOU HAVE any of the following materials in your attached garage/basement, or elsewhere in your home? (IF "YES" CIRCLE ONE OR MORE ANSWERS FOR EACH ITEM.)

MATERIALS	YES. HAVE THIS ITEM IN				DON'T HAVE
	ATTACHED GARAGE	ATTACHED BASEMENT	ELSE-WHERE		
Mothballs	-1	-2	-3	-4	(26)
Solid toilet bowl freshners	-1	-2	-3	-4	(27)
Lawn Mower	-1	-2	-3	-4	(28)
Boats	-1	-2	-3	-4	(29)
Cars	-1	-2	-3	-4	(30)
Motorbikes	-1	-2	-3	-4	(31)
Other motorized vehicles	-1	-2	-3	-4	(32)
Gasoline	-1	-2	-3	-4	(33)
Kerosene	-1	-2	-3	-4	(34)
Paint	-1	-2	-3	-4	(35)
Turpentine/Paint Thinner	-1	-2	-3	-4	(36)
Varnishes/Lacquers	-1	-2	-3	-4	(37)
Other Solvents (e.g., furn. refinishers/paint strippers)	-1	-2	-3	-4	(38)

13. How many people, other than yourself, were home for the majority of the time that the pump was running (that is, for more than 1/2 the time the pump was running)?

(39-40)

(WRITE IN NUMBER)

14. While the pump was "ON", how many tobacco products were smoked in your home?

Cigarettes (41-43)

Pipes (44-45)

Cigars (46-47)

15. While the pump was running, did anyone open one or more windows in your home for ventilation? (NOTE: OCCURRENCES SUCH AS OPENING THE WINDOW TO YELL "TELEPHONE!" DON'T COUNT.)

Yes -1 → For about how long? (48)

_____ hrs _____ min (49-52)

No -2

CONTINUE →

16. How much of the following items do you think you were exposed to while the home pump was "on"? (CIRCLE ONE NUMBER FOR EACH ITEM.)

	None	A Little	Moderate Amount	A Lot	
Stuffy and/or stale indoor air .	0	1	2	3	(53)
Tobacco smoke in the air	0	1	2	3	(54)
Other smoke (candles, incense cooking, etc.)	0	1	2	3	(55)
Auto exhaust fumes	0	1	2	3	(56)
Other outdoor air pollution	0	1	2	3	(57)

17. Did you experience any problems, of any sort, having to wear the pump?

Yes -1 → EXPLAIN BELOW (58)

No -2

_____ (59-60)

_____ (61-62)

_____ (63-64)

_____ (65-66)

_____ (67-68)

b. 69-78
79-8
80-8
CARD 9

NOTE: IN ORDER TO RECEIVE YOUR GRATUITY, THIS
QUESTIONNAIRE MUST BE FILLED OUT COMPLETELY AND
RETURNED, ALONG WITH YOUR DIARY, TO THE TEST
FACILITY.